

## David Mead

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**From:** Daniel Benard <dbenard@kvcc.edu>  
**Sent:** Friday, September 19, 2014 10:50 AM  
**To:** Rep. Lisa Lyons  
**Cc:** David Mead  
**Subject:** Testimony only HB 5668 (Rep. Lyons)

Rep Lyons,

I just wanted to take a minute to comment on the proposed legislation for epi-pen distribution and use. Overall; anaphylaxis is a serious and often life threatening medical emergency and I agree with the wide spread distribution of epinephrine auto-injectors. If there is any recommendation I can make the most important would be to require Emergency Medical Service response by activating 911. I also believe this as a community based public health issue(the widespread distribution and availability of epi-pens throughout a community: restaurants, camps, athletic facilities, etc.) and would like to see elements of the public health system be integrated into the legislation.

Sec 1774B. (3)(A) is conducted by a nationally recognized organization experienced in training laypersons in emergency health treatment or by a person approved by the department.

The criteria for training organization should be expanded beyond a nationally recognized training organization (I am assuming, AHA, Red Cross, ASHI type of organizations). Acceptable training organizations should also include County Public Health Departments and Medical Control Authorities and those entities who operate under their authority. Individuals should include by definition of their licensing anyone who is licensed by MDCH as an EMS Instructor/Coordinator. EMS systems and EMS providers are by definition part of the public health system and are active in their communities and should have an active role in this initiative.

Sec 1774B. (6) an authorized entity shall submit to the department, on a form prescribed by the department, a report of each incident... that involves the administration of auto-injectable epinephrine.

Anaphylaxis is a life threatening emergency and it requires additional medical intervention and assessment by a physician to determine the extent of airway compromise, respiratory system involvement, and the degree of cardiovascular collapse that may have occurred. Epinephrine administration is also not without its complications and adverse effects. I would recommend that rather than an incident report, the legislation prescribe: "in the event of epinephrine auto-injector use; where a provided auto-injector is self administered or administered by a representative of an authorized entity as defined in section 17744A(5)(B), the entity is required to access the Emergency Medical Services by activating the 911 System." This approach would allow for further medical screening of the patient to prevent any subsequent medical complications. This approach would also generate a EMS medical record and allow the department to generate the indicated reports by querying records in the state wide EMS reporting system.

Sec 1774B. (7) an authorized entity may make auto-injectable epinephrine available to individuals other than employees... who may administer ... in good faith... only upon remote authorization by an authorized health care provider by audio, televideo, or other similar means of electronic communication.

Authorized health care provide should be expanded to include 911 services where a prioritized medical dispatch has been approved by a Medical Control Authority. Prioritized Medical Dispatching would allow the dispatcher to verbally assess the patient, and according to physician approved dispatch protocol prescribe the use of an available epinephrine auto-injector. Most importantly it could provide just in time training by providing pre-arrival instructions to the lay rescuer.

I appreciate your time and consideration.

Respectfully submitted,

Dan

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